DATA NETWORK IDENTIFICATION CODE FILING FOR OFFICIAL USE ONLY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu: Data Network Idenification Code Filing

Name:	KONNECT, LLC	Phone Number:	602-418-4859
DBA Name:		Fax Number:	602-467-3289
Street:	3411 N. 5th Ave	E-Mail:	dvindici@usa.net
	Suite 303		
City:	Phoenix	State:	AZ
Country:	USA	Zipcode:	85013 –
Attention:	Mr David Vindici		

[
2. Contact						
Name	: I	David Vindici	Phone N	umber:	602-418-4859	
Comp	any: I	KONNECT, LLC	Fax Nur	nber:	602–467–3289	
Street	: 3	3411 N. 5th Ave	E-Mail:		dvindici@usa.net	
	S	Suite 303				
City:	I	Phoenix	State:		AZ	
Count	try:	USA	Zipcode	:	85013 –	
Atten	tion: N	Mike Keeling	Relation	ship:	Legal Counsel	
3. Type Request	2	- D		4. Reassign Reason:		
New New		• Reassign				
Note: Please submit any needed attachments for the given request type:				From Company: To Company:		
Attachment 1:				From Code:	To Code:	
Attachment 2:						
Attachment 3:						
5. Network Name KONNECT						

6. International Service	New high speed network connecting to	MAE EAST and MAE WEST	then to both Europe as well as Asia
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7 Action Dequested (If the complete description does not ennear in this how, places go to the and of the form to view it in its entirety)

7. Action Requested (If the complete description does not appear in this box, please go to the end of the form	to view it in i	ts entirety.)
New request for DNIC.		
8. Code assignments held in excess of 18 months without implementation must be returned to this Administrator for reassignment. Unless this office is specifically notified of the actual implementation of assignments, it will be assumed that those implementations did not occur and such assignments will be available for reassignment. I have read and understand these conditions.	• Yes	O No
9. I am aware that all DNIC assignments are provisional and that nobody has a property right in a DNIC. I am aware that the Commision may take an assigned DNIC and reassign it to another person.	• Yes	O No
10. I certify that all necessary local, state, and federal authorizations needed have been obtained.	• Yes	O No

WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND / OR IMPRISONMENT (U.S. Code, Title 18, Section 1001), AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).

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